

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

| | |
|--|---|
| PLAINTIFF <u>William Alston</u> | COURT CASE NUMBER <u>05-168 ERIE</u> |
| DEFENDANT <u>Debra Forsyth</u> | TYPE OF PROCESS <u>Civil Suit</u> |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Debra Forsyth</u> | |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>FCI Jessup 2600 Hwy. 310 S. Jessup Ga 31599</u> | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | |
| William Alston #07273-016 FCC Petersburg (Low) PO Box 1000 Petersburg, VA 23804 | Number of process to be served with this Form 285 <u>ONE</u> |
| | Number of parties to be served in this case <u>SIX</u> |
| | Check for service on U.S.A. <u>✓</u> |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

William Alston7/14/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process <u>6</u> | District of Origin No. <u>60</u> | District to Serve No. <u>60</u> | Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u> | Date <u>7/18/07</u> |
|---|---------------------------|-------------------------------------|------------------------------------|--|------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

JUL 09 2007☐ am
☐ pm

Signature of U.S. Marshal or Deputy

| | | | | | |
|----------------------------|---|----------------|------------------------------|------------------|--|
| Service Fee <u>8.00</u> | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges <u>8.00</u> | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) <u>8.00 owed.</u> |
|----------------------------|---|----------------|------------------------------|------------------|--|

REMARKS
Mailed 9846 1435 8263 JUN 28 2007

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00



7160 3701 9846 1435 8263

3. Service Type **CERTIFIED MAIL**4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

Debra Forsyth
 FBI Jessup
 2600 HWY 310 S.
 Jessup, Ga. 31599

5-1682,07Feb/28/07,arb

| | |
|--|---|
| A. Received by (Please Print Clearly) <i>Hickman</i> | B. Date of Delivery 7/2/07 |
| C. Signature <i>[Signature]</i> | <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

PS Form 3811, January 2005

Domestic Return Receipt